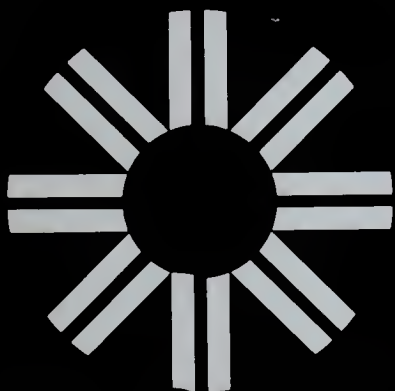


REPORT

for the year ending March 31

1977

National Society
for the Prevention
of Blindness, Inc.



PREVENT BLINDNESS.

REPORT OF THE PRESIDENT



Thomas R. Moore

Our programs expand, we are reaching more people, more effectively than ever before. Yet we are still working within the shadow cast by the Society's guiding precept: Half of all blindness is preventable. Many fronts present themselves when we talk today about preventing blindness, preserving eyesight. Blindness from what? What means of prevention?

Tackling a many-sided problem, our programs are aimed at a variety of health care professionals as well as the entire spectrum of population groups within the country. We are concerned with educating young physicians and public health nurses, senior citizens and parents of young children, industrial workers and social service workers.

The fronts we face in our "Prevent Blindness" campaign include blindness or vision impairment caused by hereditary or congenital conditions, amblyopia, eye accidents, glaucoma, cataract, fireworks and toy weapons, and degenerative conditions.

What means of prevention? Vision screening and glaucoma

screening programs across the country, professional seminars on hereditary blindness, educational materials and programs for physicians, media campaigns dealing with a host of eye hazards, programs on cataract brought directly to audiences of older persons, speakers, press releases, spokesmen on radio and TV interview shows, spot announcements, publications and films on over 40 subjects, a referral and counseling service, statistical studies, eye safety programs for children and students, teachers, employees and employers.

What means of prevention? Education. "Half of all blindness is preventable." That statement has a corollary: "With the means and scientific knowledge currently available." We are talking about informed and involved health care professionals, we are talking about an aware and motivated public.

Some are still unaware, some are apathetic, some don't hear, some don't know where to go, some are fearful, some have questions, some are 'too busy today.' Instances of needless blindness thereby continue to occur.

Our work is rewarding, often frustrating; but the need is there and that's why we're here. To all of our volunteers, board members, advisors, supporters and financial contributors, I say, thank you.

The need for contributions is greater than ever to meet the costs of these expanded programs. We rely on your generous support. Your dollars will be well spent.

A report in which we can all take justifiable pride appeared in the Kiplinger Magazine, *Changing Times*, on November 1976. It assessed 53 non-profit agencies. Only seven, among them the Society, fully met the magazine's criteria for sound and responsible operations.

Thomas R. Moore
President

REPORT OF THE EXECUTIVE DIRECTOR



Virginia S. Boyce

A quiet change in emphasis has been taking place at the National Society. While continuing to meet the demands of our present ongoing programs, we have felt the need for—and have implemented—bold new plans for the future.

I would like to cite just three examples of recent efforts aimed at increasing our impact in the years ahead.

The Glaucoma Alert Program (GAP) is a program for promoting and providing the resources for a nationwide network of glaucoma education and detection projects. Activities and materials are designed to be versatile enough so that programs may be undertaken by diverse groups—from health professionals to community action groups made up primarily of lay persons. A comprehensive manual which includes or lists all needed materials is the thrust for the programs. GAP, two years in development, is receiving active collaboration from a core of 14 prominent national

organizations, has enlisted celebrity and medical spokespersons, and is the subject of a national public media campaign.

Eye safety has been another priority program of the Society. The primary emphasis has been on eye safety in industry and other environments and with professions posing eye hazards; and an educational approach to parents, with regard to safeguarding the eyesight of their children.

In the last few years our "future" approach has prompted us to speak to young people directly—before they become parents, before they are employees, before they have even taken a school workshop or laboratory class. Though we continue our adult programs, we now have programs, including activity projects and films, for students from kindergarten through high school.

Our long-time concern over ways to combat blindness from hereditary and other congenital conditions is resulting in expanded activities in this field. A multi-pronged approach has been developed.

One major component will be the production of audio-visual teaching materials for professional audiences to promote the early recognition of these threats to eyesight. A second will be the establishment of one or more "centers of excellence" which will serve as a focal point for diagnosis, treatment and research of eye defects present at birth.

The theme of this year's World Health Day was "Foresight Prevents Blindness." We feel that these new directions of Society programming represent a definitive accent on foresight. We also plan to keep up our efforts to respond to areas of immediate need. We continue to work in the present, while expanding our efforts toward the future.

Virginia S. Boyce
Executive Director

A LEADERSHIP ROLE IN THE NATIONAL EFFORT TO CONTROL GLAUCOMA

Glaucoma is a leading cause of blindness and vision impairment in this country, affecting an estimated 2,000,000 persons. Half of these people, or 1,000,000, don't know they have glaucoma.

Usually associated with excessive pressure within the eye, glaucoma is often a "silent" disease, progressing without pain or other symptoms.

Though sight lost to glaucoma cannot be restored—that is, the visual impairment is irreversible, the good news is...

Early diagnosis and prompt treatment can, in most cases, bring glaucoma under control, permanently halt its progress.

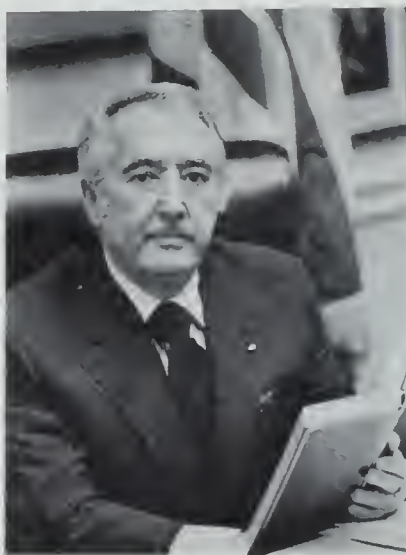
The medical resources for glaucoma control are at hand—diagnostic tests, successful treatment methods...

Yet tragically often the gap remains between what is medically available and the public's awareness of these facts and resources.

In 1975 the Society initiated a major national campaign to combat glaucoma, marshaling members of the medical community and national professional and voluntary organizations for cooperation. It began formulating a program for systematically publicizing the glaucoma threat while providing guidance to new groups across the nation to participate in glaucoma education and detection projects.

MAJOR STEP #1: THE NEW YORK CITY GLAUCOMA PROJECT

Starting late in 1974, the New York City Glaucoma Project aimed to demonstrate the feasibility and preventive advantages of providing routine tonometry, a screening test for glaucoma, in a variety of health care settings. The project has been funded by grants from the Robert Sterling Clark, Hearst, and Scherman Foundations. With 3-6 month demonstrations conducted in hospitals, neighborhood health centers, occupational health departments, long-term care facilities and public health clinics, the project



Congressman Rodino is Honorary Chairman of the National Committee for Glaucoma Education.

boosted a long-term goal of the Society:

Tonometry can and should be a routine part of the physical examination of all persons age 35 or over—the target population most at risk for glaucoma.

Elements of this project:

- The Non-Contact, or "air puff" tonometer is used, having the advantage over conventional tonometers of not touching the eye, so it can be operated by a variety of trained health personnel.
- Facility's staff makes wide use of educational and publicity materials.
- NSPB provides consultation on planning, implementing and evaluating each program, with particular emphasis on referral, followup and reporting procedures.
- NSPB provides the tonometer and training in its operation; supplies registration and report forms, films, publications and posters for patient and professional education.
- NSPB prepares statistical reports based on data submitted by each screening site.
- Prior to each initial demonstration screening, NSPB conducts a glaucoma seminar for the facility's staff.
- Responsibility for conducting the screening, interpreting the results to the patient, and the proper care of referrals is assumed by the health facility staff...to convince them they have the capability to continue the program on their own, upon conclusion of the demonstration project.

Results:

The New York City Glaucoma Project has been successful in convincing numerous New York City hospitals and other health care facilities to incorporate tonometry as part of the fixed routine work-up provided to outpatients. Increasing numbers of corporate medical departments are reporting they are now including glaucoma screening as part of the pre-employment exam and in routine physical exams. Early tabulations show over 300 persons already identified, through these demonstration screenings, as "positive" or "suspicious" for glaucoma. This demonstration

project will continue through 1977. The approaches developed in this highly successful project are now being promoted on a nationwide basis.

MAJOR STEP #2: THE NATIONAL COMMITTEE FOR GLAUCOMA EDUCATION

Organized late in 1976, the National Committee for Glaucoma Education is a cooperative effort of 14 national organizations, under NSPB direction, to promote glaucoma education and detection programs. Chairman is ophthalmologist Samuel Dace McPherson, Jr., M.D., who also chairs NSPB's permanent

Committee on Glaucoma; and Congressman Peter Rodino, a glaucoma patient, is honorary chairman.

Committee representatives are urging their member organizations to publicize the availability of glaucoma materials and to undertake education and screening projects. Committee activities are being supported by a grant from Lederle Laboratories. Member organizations include:

- AFL/CIO ▪ American Academy of Family Physicians ▪ American Academy of Ophthalmology and Otolaryngology ▪ American Association of Occupational Health Nurses ▪ American Association of Retired Persons ▪ American Hospital Association ▪ American National Red Cross ▪ American Occupational Medical Association ▪ Blue Cross /Blue Shield ▪ Bureau of Community Health Services, U.S. Public Health Service ▪ Delta Gamma Fraternity ▪ National Eye Institute ▪ Lions International ▪ Telephone Pioneers of America.

MAJOR STEP #3: GLAUCOMA ALERT PROGRAM (GAP)

The Glaucoma Alert Program will be the action arm of the National Committee for Glaucoma Education, and will be NSPB's springboard to a national campaign against glaucoma. GAP is a community-control approach, and the goal is to bring glaucoma under



Convening at the initial meeting of the National Committee for Glaucoma Education, Alan A. McLean, M.D. (left), of the American Occupational Medical Association; Edward A. Schauer, M.D. (second right), American Academy of Family Physicians; and Melvin Thompson (right), American Association of Retired Persons; meet with NSPB's Virginia Boyce and Committee chairman Samuel Dace McPherson, Jr., M.D.

control throughout the country—through a network of community projects.

The main tool of GAP is a step-by-step manual, now in production, ready for distribution in the fall of 1977. It has been reviewed by leading medical authorities to insure the accuracy of its medical information and recommended procedures.

The GAP manual explains how to set up a community glaucoma education and screening program. It is divided into two main program types: (1) programs conducted by health care facility staffs or other health professionals, either on location at the facility or as a community outreach service; and (2) programs conducted by community groups or organizations not related to the health care field (civic, fraternal, professional, service organizations), with the possibility of diverse community settings.

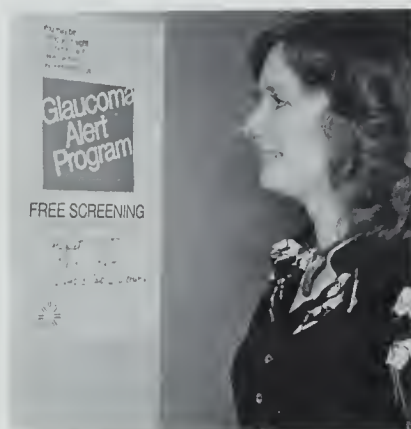
The manual tells how to organize, how to plan and implement Glaucoma Alert Programs, whose ingredients are:

- Educational activities aimed at the public, special target audiences (those at particular risk for glaucoma, such as the elderly) and health professionals.
- Screening programs in community and health care settings.
- The referral procedure for those who fail the screening test.
- A follow-up system for those referrals.

■ A system of reporting program results, both for analysis of effectiveness of individual projects, and for compiling national data and statistics.

MAJOR STEP #4: CLOSING THE GAP

Initial promotional activities for GAP include ads for print media and TV and radio spots...some featuring Congressman Peter Rodino and former sportscaster Al DeRogatis.



Nationwide Glaucoma Alert accelerates community education/screening programs.



Briefing of each person screened is an integral part of screening programs.

"Alert" materials have appeared in *Newsweek* and *McCall's*. Besides the blanket national publicity and promotional efforts being scheduled by NSPB for the Glaucoma Alert Program, GAP will be a major 1977-78 promotional effort for NSPB state affiliate organizations, Lederle Laboratories, and the 14-member National Committee for Glaucoma Education.

Along with messages to the public, via the nation's media and supporting groups, GAP is being intensively promoted to health care professionals and physicians.

■ A seminar on "Glaucoma Screening in Primary Care Settings," was held for key staff members of health care facilities—from hospitals to neighborhood health centers.

■ Glaucoma symposium co-sponsored by the American Academy of Ophthalmology and Otolaryngology and approved for Continuing Medical Education credits will be held at the Academy's annual Fall meeting.

NEW APPROACHES IN CHILDREN'S EYE SAFETY

For years the Society has warned parents that a child is never too young to have a vision problem. Unfortunately, a child is never too young to sustain a serious eye injury or even blindness, either—through an accident at play, at home or at school.

Our new orientation toward children's eye safety allows us to bring the message directly to the children and youngsters themselves, while also including materials for teachers and parents. The school and the home are still our conduit to our young audience.

Our recently released package on children's eye safety includes a promotional folder (aimed at school systems, PTA's, nurses) telling how to publicize the program (includes sample news releases for local media, a sample speech, a fact sheet on eye injuries among school children). It tells how to use the materials, directed toward elementary school-age children, which include a teacher's guide, a film for the children, an activity-educational packet for the children, and a parent-alert pamphlet for them to take home.

Examples of how this package is being promoted locally:

- The Ohio Society is soliciting businesses and foundations, asking them to "Adopt a School" by financing the eye safety kits; and elementary schools in Dayton, Toledo and Columbus have so far benefitted through this program.



Scene from NSPB school eye safety film, "An Option to See."

- The Southern California Society, through sponsorship by PTA's, Delta Gamma's, nurses associations and school districts, has seen the eye safety program into action in 72 schools.

- Junior and senior high school students are the target for the Society's newest eye safety package. Emphasizing proper eye protection in school workshops and laboratories, the package has a strong message for these class instructors as well. The need is based on recognition that although 36 states have laws requiring specified eye and face protection in school shops and labs, enforcement and compliance have been woefully laggard.

The package includes a film, "An Option to See," which follows a student through classroom and after-school experiences that turn his "who cares" bravado into real understanding of the value of wearing proper eye protection equipment. Materials available include a poster, instructor's guide, overhead transparencies and duplicating masters allowing each student to test himself on eye safety facts, proper eye protection for specific situations, emergency procedures and first aid. Rounding out the package is a master letter to parents, in English and Spanish.

HOME EYE TEST HAVING UNPRECEDENTED SUCCESS REACHING YOUNG EYES

On the market almost five years now, NSPB's Home Eye Test for Preschoolers has passed the 5 million mark in copies distributed. On approval of medical and health authorities, the Home Eye Test was designed to provide a simple, do-it-yourself way for parents to check their preschooler's vision in the home setting.

The test has enabled thousands of parents to conclude, through a pass-or-fail vision test, whether their children might have a vision problem, should have a professional eye examination.

The need remains, and will continue. Of the 11 1/2 million preschool age children in the U.S., an estimated 582,000 have some kind of vision defect. Some of these impairments are serious, and must be discovered in these early years if treatment is to be effective. About 3 million youngsters enter this age group (3-5) every year. Most parents don't think about vision problems until the school years, and usually only after the child has failed a school vision test. For thousands of youngsters, that first failure could be too late for normal vision to be regained or obtained.

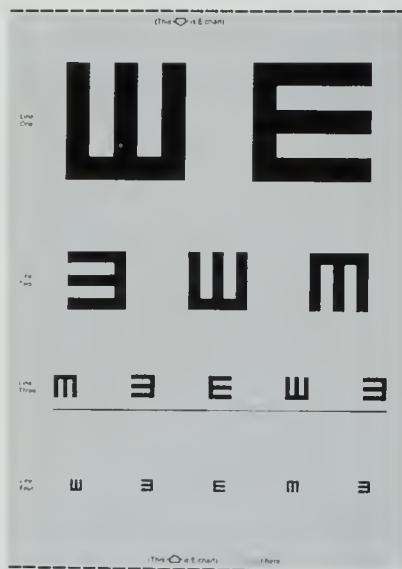
The success of the Home Eye Test is due to a number of factors:

- It's simple—in design, parent and child preparation, the testing itself, interpretation of results.

- Hundreds of thousands of parents send for a free, simple eye test to give at home—many who would



This panel, from the Home Eye Test, is used to show the child which way the "E" points...



...the preschool child can then "read" this wall chart. Over 5,000,000 tests have been distributed.

not otherwise have thought about eye problems in the preschool years. Substantial funding from the *Reader's Digest* has made possible extensive distribution of the test.

- The test has received invaluable exposure and endorsement through the news media—demonstrations on TV, interviews on radio, spot announcements on both; articles and ads in magazines and newspapers.

- Many organized groups, from national organizations to local clubs, have made distribution of the test a major service project.

- Enthusiastic testimonials from grateful parents and word-of-mouth have helped to publicize the test in communities across the country.

- NSPB continues actively to promote the test—through the media, through appeals for sponsorship of distribution programs, through the Society's newest parent education film, "The Lazy Eye," funded by the Charles A. Dana Foundation.



Child indicates direction of the pointing "E."

THE HOME EYE TEST THIS PAST YEAR

Following are some of the highlights of Home Eye Test promotion and support for the year ending March 31, 1977. Those mentioned are national or statewide in scope; but countless small newspapers and employee publications, local radio and TV shows, and committed local groups have promoted the test at the grass-roots level, have been invaluable in helping to bring the test home.

Promotions by companies

- Rexall Drug Company used the Home Eye Test ad in an advertising package used by its local drug-stores.
- Corporate Volunteer Coordinators Council of New York urged

members to distribute tests to employees—and AT&T, McGraw-Hill, Banker's Trust, Chemical Bank and Chase Manhattan Bank were among those who did.

- Catholic Family Life Insurance, the nation's oldest Catholic life insurance organization, promoted the test in its publication and with bill inserts to policyholders.
- Bill enclosures of New York Telephone Company (12 million subscribers) carried an item on the Home Eye Test.

Promotions by organizations:

- The theme of the World Health Organization's World Health Day this year was "Foresight Prevents

Blindness," and WHO incorporated promotion of the Home Eye Test in its educational and publicity materials distributed for this annual focus on major health problems.

- The National Association of Negro Business and Professional Women selected the Home Eye Test as its 1977 national project, urging promotion and distribution efforts by its 300 chapters.
- The Public Library Association urged test promotion and distribution projects to all public libraries in the country.

Media exposure and support:

Among the many publications and TV programs to feature the Home Eye Test during the year were *Reader's Digest*, *Good Housekeeping*, *National Enquirer*, *Redbook* and *Ladies Home Journal*; CBS-TV's "Romper Room" and NBC-TV's "Today" show.

Legislative support:

A June 1976 law passed in Wisconsin requires that home vision screening tests be made available to state residents through local health departments. NSPB's Home Eye Test was designated as the model for the one to be used.

.....

A child is never too young to have a vision problem. The Home Eye Test has taken us giant strides toward bringing that message home.



On NBC-TV's "Today" show, hosts (at left) Tom Brokaw and Frank Field question Dr. Edward L. Raab and Virginia Boyce about the Home Eye Test.

HIGHLIGHTS OF THE YEAR

- Screened over 650 UN delegates and others for glaucoma at the World Health Day observance of "Foresight Prevents Blindness," at UN headquarters in New York City April 7.

- Enlisted Bob Barker, host of the CBS-TV show, "The Price Is Right," as National Sight-Saving Chairman for 1977.

- Came out with our first series of ready-to-print magazine ads—already appearing in publications ranging from trade and farm magazines to national high-circulation magazines (e.g., *Newsweek* and *Reader's Digest*).

- Recruited Al DeRogatis, former sportscaster and glaucoma patient, as Prevention of Blindness Ambassador, with a key role in the new Glaucoma Alert Program.

- Produced two new films dealing with children's vision under a grant from the Charles A. Dana Foundation—"The Lazy Eye," a documentary on children's eye care, aimed at parent groups, and "An Option To See," which dramatizes the value of eye protection in school labs and shops, aimed at teachers and students. The latter film is rounded out by supporting activity/educational materials.

- Tallied our TV exposures for the 1976 series of spots, as reported by stations: aired 13,659 times to a potential audience of 125 million people.

- Introduced ready-to-print newspaper features, on various prevention of blindness subjects, in clip-sheet form to weeklies and small-er daily newspapers around the

country—resulting in over 10,000 placements.

- Added over 2,000 members and 300 chapters to the Wise Owl Club, NSPB's eye safety program in industry and educational institutions. The number of eyes saved through this program, since its beginnings in 1948, stands at 77,528—documented instances of eye protec-

**Some people
can't see
our name.**

**Prevent
Blindness.**



PREVENT BLINDNESS

Every 12 minutes someone goes blind. Yet half of all blindness is needless. Early eye care for children can correct amblyopia. Glaucoma can be arrested sight lost to cataracts restored. Blinding eye injuries can be dramatically reduced by safety precautions. These all add up to saving precious sight. For more information write: National Society for the Prevention of Blindness, 79 Madison Avenue, New York, NY 10016.

**Give your kid
something you
never had.**

A home eye test.



PREVENT BLINDNESS

It's a fun game for the youngster and it's an eye-opener for you on how well your child sees. The fact is that there are over half a million preschoolers with an eye problem. Some are serious and must be treated before age 6. So don't wait. Send for your free test today. Write to the National Society for the Prevention of Blindness, 79 Madison Avenue, New York, NY 10016.

**Glaucoma.
You don't feel
a thing.**

**After a while,
you can't see
a thing.**



PREVENT BLINDNESS

Right now there are some one million unsuspecting victims. That's because you can be losing your sight to glaucoma and not realize it. Especially if you are 35 years plus. So be smart. Get your eyes tested at least every two years. For more information about this leading cause of blindness, write the National Society for the Prevention of Blindness, 79 Madison Avenue, New York, NY 10016.

**Do you have
something
between
your ears?**

**Use safety
glasses.**



PREVENT BLINDNESS

Almost one million Americans are visually impaired by injuries. At least 90% of the alarming daily toll of eye-related injuries on the job, at home or at school are preventable. Don't be caught off-guard. If your activity is risky—use safety glasses or other safety eyewear. For free eye safety publications, write the National Society for the Prevention of Blindness, 79 Madison Avenue, New York, NY 10016.

NSPB ads created great response from the nation's print media.

tive equipment preventing a potentially blinding accident.

- Screened a total of 84,484 persons for glaucoma, in 17 states and Puerto Rico. Suspicious cases referred for medical eye examinations totaled 3,684.

- Screened a total of 446,453 children for vision problems, through projects in 30 states and Puerto Rico, for the screening year ending June 1976—our latest figure. A total of 23,699 children were referred for professional eye examinations.

- Inaugurated celebrity radio spot announcements — which were used by over 2,000 stations. Personalities who taped our messages included Mary Tyler Moore, comedian Rodney Dangerfield, and ragtime authority Max Morath.

- Were presented with the Golden Eagle Award of the Council on International Nontheatrical Events (CINE) for our new industrial safety film, "How Much Are Your Eyes Worth?"...and another for our marionette eye safety film for children, "The Eyes Have It!"

- Invited to appear on NBC-TV's "Today" show three times, with programs on the Home Eye Test, children's eye health, and sunglasses.

- Provided eye health services to preschool and aging populations in New York City under a grant from The New York Community Trust.



Prevention of Blindness Ambassador Al DeRogatis records radio messages urging glaucoma checkups.



William W. Scranton, then chief U.S. Ambassador to the United Nations, leads turn-out at World Health Day glaucoma screening

ENCOURAGING NEW INVESTIGATIONS IN EYE RESEARCH

Last year, the NSPB Committee on Basic and Clinical Research approved seven new research grants and three grant renewals. Though NSPB funds are small in comparison to government and other funding sources for eye research, they are important in assisting and attracting able, but not yet established, young investigators into the field of eye research. At the same time, they provide funds for promising

projects that have not found adequate funding from any other source.

Projects are selected by NSPB's Committee on Basic and Clinical Research, chaired by Frank W. Newell, M.D., professor and chairman, Department of Ophthalmology, University of Chicago. Eventual application to prevention of blindness is the major consideration in funding proposed studies.

Last year's research projects supported a wide range of investigation in a number of areas of blinding disease. As reported by Dr. Newell, investigators and studies included:

Paul H. Palmberg, M.D., Washington University, St. Louis, studied the relationship of HLA antigens in patients with diabetic retinopathy. Both primary open-angle glaucoma and diabetes mellitus have hereditary components and these are reflected in the HLA antigens. There is evidence that the HLA B-7 antigen may be related to the resistance to the development of diabetes mellitus while the presence of the HLA B-12 antigen may provide resistance to the development of diabetic retinopathy.

Related to this study was examination of the Zuni Indians who are known to have a low prevalence of the HLA B-7 and HLA B-12, leading to an expected low prevalence of primary open-angle glaucoma in the Zunis. This project provided for the examination of 1,000 Zuni Indians, age 40 years or more, to learn the incidence of glaucoma in the group.

Thomas O. Bennett, M.D., University of Illinois Eye and Ear Infirmary, Chicago, studied the effects of prostaglandins which mediate in-



Dr. Simmons checks adaptation to low light level in a young patient

flammatory reaction. This was studied in corneal transplants in albino rabbits.

William M. Hart, Jr., M.D., Washington University, St. Louis, studied visual field changes in ocular hypertension.

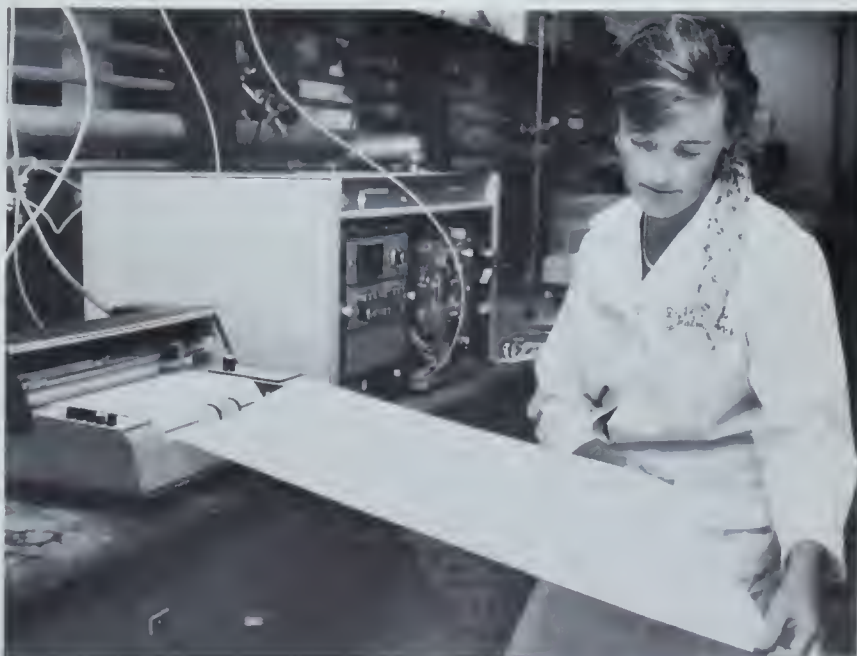
Alexander R. Irvine, M.D., University of California, San Francisco, studied histology of intraocular lens implants. Because some 60,000 such lenses are inserted annually in the United States currently, it is of importance to learn the inflammatory reaction they excite.

Two studies focused on hereditary degenerations of the retina: Walter H. Waddell, Ph.D., Carnegie-Mellon University, Pittsburgh studied the photochemistry of the visual pigment to learn the mechanisms of visual excitation.

Rosalie Crouch, Ph.D., Medical University of So. Carolina, Charleston, studied the retinal pigments and their relationship to pigment regeneration. Kurt Simmons, Ph.D., Albany Medical College, Albany, New York, studied the improvement in fusion in patients with crossed eyes when the light level was reduced. Dr. Simmons sought to learn whether this surprising improvement was due to purely sensory factors or to a reduction in the angle of strabismus.



Dr. Irvine examines condition of a lens implant.



Dr. Crouch reads chromatogram analyzing retinal pigment.

COMBINED BALANCE SHEET

MARCH 31, 1977

| ASSETS | |
|---|---------------------|
| Cash | \$ 316,022 |
| Short-term investments, at cost (approximates market) | 1,355,990 |
| Investments in corporate bonds and stocks (quoted market value \$95,823) | 95,076 |
| Other assets | 133,306 |
| Land, building and equipment, net of accumulated depreciation (note 2) | 555,063 |
| | <u>\$ 2,455,457</u> |
| LIABILITIES AND FUND BALANCES | |
| Accounts payable and accrued expenses | 119,319 |
| Accrued vacation and severance pay | 104,960 |
| | <u>224,279</u> |
| Fund balances: | |
| Current funds: | |
| Unrestricted: | |
| Designated by the Board of Directors for: | |
| Special purposes | \$ 241,515 |
| Funds functioning as endowment | 4,764 |
| Undesignated, available for general activities | <u>579,881</u> |
| Total current unrestricted fund balances | 826,160 |
| Restricted | 451,246 |
| Endowment funds | 398,709 |
| Investment in land, building and equipment | 555,063 |
| | <u>\$ 2,455,457</u> |

See accompanying notes to combined financial statements.

The Board of Directors
National Society for the Prevention of Blindness, Inc.:

We have examined the combined balance sheet of National Society for the Prevention of Blindness, Inc. and state affiliates as of March 31, 1977, and the related combined statements of support, revenue, and expenses and changes in fund balances and of functional expenses for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the aforementioned combined financial statements present fairly the financial position of National Society for the Prevention of Blindness, Inc. and state affiliates at March 31, 1977, and the results of their operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding period.

Peat, Marwick, Mitchell & Co.

July 8, 1977

COMBINED STATEMENT OF SUPPORT, REVENUE, AND EXPENSES AND CHANGES IN FUND BALANCES

YEAR ENDED MARCH 31, 1977

| | Current | | Endowment | Land, building and equip- ment fund | Total |
|--|--------------|------------|-----------|---|-----------|
| | Unrestricted | Restricted | funds | | |
| Public support and revenue: | | | | | |
| Public support: | | | | | |
| Received directly: | | | | | |
| Contributions | \$ 2,137,993 | 325,702 | 100,000 | — | 2,563,695 |
| Legacies | 526,536 | — | 83,415 | — | 609,951 |
| Special events - net | 86,609 | — | — | — | 86,609 |
| Received indirectly— combined service campaigns | 261,857 | — | — | — | 261,857 |
| Total public support | 3,012,995 | 325,702 | 183,415 | — | 3,522,112 |
| Fees and grants from governmental agencies | — | 77,559 | — | — | 77,559 |
| Other revenue: | | | | | |
| Income from trusts held by others | 167,243 | — | — | — | 167,243 |
| Investment income | 67,732 | 2,073 | — | — | 69,805 |
| Reduction in investment values | (24,363) | — | — | — | (24,363) |
| Program service related revenue | 58,983 | — | — | — | 58,983 |
| Total other revenue | 269,595 | 2,073 | — | — | 271,668 |
| Total public support and revenue | 3,282,590 | 405,334 | 183,415 | — | 3,871,339 |
| Expenses: | | | | | |
| Program services: | | | | | |
| Research | 140,752 | 5,803 | — | 105 | 146,660 |
| Public health education | 880,792 | 66,689 | — | 6,863 | 954,344 |
| Professional education and training | 495,947 | 1,773 | — | 3,701 | 501,421 |
| Community services | 549,456 | 210,765 | — | 14,987 | 775,208 |
| Total program services | 2,066,947 | 285,030 | — | 25,656 | 2,377,633 |
| Supporting services: | | | | | |
| General and administrative | 201,238 | 1,133 | — | 7,950 | 210,321 |
| Fund raising | 681,044 | 3,176 | — | 2,449 | 686,669 |
| Total supporting services | 882,282 | 4,309 | — | 10,399 | 896,990 |
| Total expenses | 2,949,229 | 289,339 | — | 36,055 | 3,274,623 |
| Excess (deficiency) of public support and revenue over expenses | 333,361 | 115,995 | 183,415 | (36,055) | |
| Other changes in fund balances: | | | | | |
| Property and equipment acquisitions from current funds | (7,793) | (12,365) | — | 20,158 | |
| Other | (4,617) | 4,617 | — | — | |
| Fund balances at beginning of period | 505,209 | 342,999 | 215,294 | 570,960 | |
| Fund balances at end of period | \$ 826,160 | 451,246 | 398,709 | 555,063 | |

See accompanying notes to combined financial statements.

COMBINED STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED MARCH 31, 1977

| Line | Program services | | | | Total |
|---|------------------|-------------------------|-------------------------------------|--------------------|-----------|
| | Research | Public health education | Professional education and training | Community services | |
| 1 Salaries | \$ 86,008 | 384,232 | 316,776 | 463,627 | 1,250,643 |
| 2 Employee benefits | 7,353 | 22,599 | 28,534 | 21,303 | 79,789 |
| 3 Payroll taxes | 6,163 | 25,968 | 22,975 | 31,247 | 86,353 |
| 4 Total salaries and related expenses | 99,524 | 432,799 | 368,285 | 516,177 | 1,416,785 |
| 5 Awards and grants | 31,110 | 3,747 | 481 | 4,839 | 40,177 |
| 6 Dues and memberships | — | 717 | 3,960 | 2,068 | 6,745 |
| 7 Building occupancy | 7,808 | 47,691 | 28,940 | 41,663 | 126,102 |
| 8 Telephone and telegraph | 694 | 41,240 | 8,192 | 19,869 | 69,995 |
| 9 Office supplies | 2,712 | 12,983 | 4,263 | 25,552 | 45,510 |
| 10 Office equipment maintenance | 97 | 11,825 | 1,275 | 9,944 | 23,141 |
| 11 Printing and publications | 2,421 | 191,283 | 16,570 | 17,885 | 228,159 |
| 12 Postage and shipping | 1,718 | 67,592 | 8,682 | 19,496 | 97,488 |
| 13 Visual aids, films, etc. | — | 109,093 | 876 | 12,625 | 122,594 |
| 14 Travel | 471 | 20,226 | 48,175 | 42,057 | 110,929 |
| 15 Professional fees | — | 5,748 | 4,812 | 5,252 | 15,812 |
| 16 Purchase of mailing lists | — | 392 | 25 | 2,690 | 3,107 |
| 17 Insurance | — | 320 | 344 | 38,295 | 38,959 |
| 18 Other | — | 1,825 | 2,840 | 1,809 | 6,474 |
| 19 Total expenses before depreciation | 146,555 | 947,481 | 497,720 | 760,221 | 2,351,977 |
| 20 Depreciation of building and equipment | 105 | 6,863 | 3,701 | 14,987 | 25,656 |
| 21 Total expenses | \$ 146,660 | 954,344 | 501,421 | 775,208 | 2,377,633 |

See accompanying notes to combined financial statements.

Notes to Combined Financial Statements MARCH 31, 1977

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Society and the state affiliates are not-for-profit organizations exempt from U.S. Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and have been designated as organizations which are not private foundations.

The combined financial statements include the National Society for the Prevention of Blindness, Inc., and 22 state affiliates. All material transactions and balances between the National Society and the state affiliates have been eliminated.

The accompanying financial statements have been prepared in conformity with the industry audit guide entitled *Audits of Voluntary Health and Welfare Organizations* published by the American Institute of Certified Public Accountants. The significant accounting policies followed by the Society, and its affiliates, which are set forth in the audit guide, are described below.

Accrual Basis

The combined financial statements have been prepared on the accrual basis of accounting, and accordingly reflect all significant receivables and payables, other liabilities and prepaid expenses.

Fund Accounting

In order to ensure observance of limitations and restrictions placed on the use of available resources, the accounts are maintained in accordance with the principles of "fund accounting." This is the procedure by which resources for various purposes are classified, for accounting and reporting purposes, into funds that are unrestricted or restricted. Externally restricted funds may only be utilized in accordance with the purposes established by the source of such funds and are in contrast with unrestricted funds, which include designated and undesignated funds and amounts invested in land, building and equipment, over which the Board of Directors retains full control to use in achieving any of the Society's purposes.

Endowment funds are subject to the restrictions of gift instruments

| Line | Supporting services | | | Total |
|------|----------------------------|--------------|---------|-----------|
| | General and administrative | Fund raising | Total | |
| 1 | 93,472 | 183,757 | 277,229 | 1,527,872 |
| 2 | 8,518 | 10,571 | 19,089 | 98,878 |
| 3 | 8,306 | 12,643 | 20,949 | 107,302 |
| 4 | 110,296 | 206,971 | 317,267 | 1,734,052 |
| 5 | 283 | 104 | 387 | 40,564 |
| 6 | 105 | 17 | 122 | 6,867 |
| 7 | 18,953 | 17,638 | 36,591 | 162,693 |
| 8 | 1,841 | 3,138 | 4,979 | 74,974 |
| 9 | 17,240 | 8,058 | 25,298 | 70,808 |
| 10 | 6,648 | 3,097 | 9,745 | 32,886 |
| 11 | 2,054 | 198,876 | 200,930 | 429,089 |
| 12 | 3,243 | 174,318 | 177,561 | 275,049 |
| 13 | — | 291 | 291 | 122,885 |
| 14 | 3,112 | 16,967 | 20,079 | 131,008 |
| 15 | 18,112 | 2,119 | 20,231 | 36,043 |
| 16 | 1,300 | 51,240 | 52,540 | 55,647 |
| 17 | 12,320 | 24 | 12,344 | 51,303 |
| 18 | 6,864 | 1,362 | 8,226 | 14,700 |
| 19 | 202,371 | 684,220 | 886,591 | 3,238,568 |
| 20 | 7,950 | 2,449 | 10,399 | 36,055 |
| 21 | 210,321 | 686,669 | 896,990 | 3,274,623 |

requiring in perpetuity that the principal be invested and that the income only be utilized.

All gains and losses arising from the sale, collection, or other disposition of investments and other noncash assets are accounted for in the fund which owned such assets. Ordinary income derived from investments, receivables, and the like, is accounted for in the fund owning such assets, except for income derived from investments of endowed funds, which income is accounted for in the fund to which it is restricted or, if unrestricted, as revenue in the current unrestricted fund.

All other unrestricted revenue is accounted for in the current unrestricted fund. Restricted gifts, grants and endowment income are accounted for in the appropriate restricted funds.

Investments

Investments are recorded at cost or fair value at date of receipt in the case of gifts or legacies, or adjusted value where investments have been subsequently written down for a market decline assessed to be other than temporary.

Other significant accounting policies are set forth in the financial statements and the following notes.

(2) LAND, BUILDING AND EQUIPMENT AND DEPRECIATION

Land, building and equipment are recorded at cost or fair value at date of receipt in the case of gifts or legacies. Depreciation of building and equipment is provided on a straight-line basis over the estimated useful lives of the assets. At March 31, 1977, the recorded values of such assets were as follows:

| | |
|-------------------------------|-------------------|
| Land | \$ 100,500 |
| Building | 397,207 |
| Equipment | 271,330 |
| | 769,037 |
| Less accumulated depreciation | 213,974 |
| | <u>\$ 555,063</u> |

(3) PENSION PLANS

The Society has contributory annuity pension plans covering all employees including employees of the state affiliates who meet the minimum age requirement. Total pension expense under the plans aggregated \$38,140 for the year ended March 31, 1977. There are no unfunded prior service costs.

(4) LEASE COMMITMENTS

The Society and its affiliates occupy certain operating facilities under various lease arrangements. Total occupancy expense under such arrangements was \$162,693 for 1977.

A summary of noncancellable long-term lease commitments follows:

| Year ending March 31 | Amount |
|-------------------------|----------------|
| 1978 | \$ 92,000 |
| 1979 | 67,000 |
| 1980 | 68,000 |
| 1981 | 68,000 |
| 1982 | 69,000 |
| 1983-1987 | <u>395,000</u> |

All leases expire prior to 1987. Real estate taxes, electricity, water and maintenance expenses are obligations of the Society. It is expected that in the normal course of business, leases that expire will be renewed or replaced by leases on other properties; thus, it is anticipated that future minimum lease commitments will not be less than the amounts shown for 1978.

(5) ENDOWMENT LEGACY

The National Society is the beneficiary of a one-eighth share of the residuary value of a substantial estate, the principal of which is presently controlled by the Trustee. This principal, when received, will be recorded as an endowment fund in accordance with the terms of the legacy, the income of which is unrestricted. The final amount to be distributed under this legacy cannot be reasonably estimated at this time.

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.

79 MADISON AVENUE, NEW YORK, NY 10016

HONORARY CHAIRMAN

Enos Curtin
New York, New York

HONORARY VICE CHAIRMAN

Mrs. Charles A. Dana
New York, New York

HONORARY VICE PRESIDENTS:

James Carey
Princeton, New Jersey

John H. Dunnington, M.D.
New York, New York

Edwin B. Dunphy, M.D.
Cambridge, Massachusetts

NATIONAL SIGHT-SAVING CHAIRMAN

Bob Barker

PREVENTION OF BLINDNESS AMBASSADOR

Al DeRogatis

BOARD OF DIRECTORS

Chairman:

*Bradford A. Warner
New York, New York

President:

*Thomas R. Moore
New York, New York

Vice President:

*E. Bruce Brandi
Scarsdale, New York

Vice President:

Selig S. Burrows
Mill Neck, New York

Vice President

and Treasurer:
*David O'D. Kennedy
Oyster Bay, New York

Vice President:

Irving H. Leopold, M.D.
Irvine, California

Vice President:

Willard C. Mackey
New York, New York

Vice President:

*David E. McKinney
Franklin Lakes, New Jersey

Vice President:

Samuel Dace McPherson, Jr., M.D.
Durham, North Carolina

Vice President:

*Frank W. Newell, M.D.
Chicago, Illinois

Secretary:

*Paul C. Lambert
New York, New York

Assistant Treasurer:

*Eli Ferguson
Ridgewood, New Jersey

Clealand F. Baker
Research Triangle Park,
North Carolina

Bruce E. Balding
New York, New York

Bernard Becker, M.D.
St. Louis, Missouri

Frederick C. Blodi, M.D.
Iowa City, Iowa

John T. Booth
New York, New York

Paul R. Bowman, Sr.
Orlando, Florida

*Melvin D. Brewer
Stamford, Connecticut

Lester E. Brion, Jr.
Lake Success, New York

James L. Carballo
Jackson, Mississippi

James E. Clitter
New York, New York

*Hugh P. Connell
Bedford, New York

William C. Conner
Fort Worth, Texas

*Enos Curtin
New York, New York

Mrs. Charles A. Dana
New York, New York

Robert E. Dawson, M.D.
Durham, North Carolina

Byron H. Demorest, M.D.
Sacramento, California

Arthur Gerard DeVoe, M.D.
New York, New York

Gene Dyson
Atlanta, Georgia

Thomas S. Edwards, M.D.
Jacksonville, Florida

Peter B. Foster
Wallingford, Connecticut

Ephraim Friedman, M.D.
New York, New York

John H. Fry
Indianapolis, Indiana

Mrs. Norman H. Gardner
East Hampton, Connecticut

Mrs. Marcella C. Goldberg
Pittsburgh, Pennsylvania

Ralph N. Harkness
Milwaukee, Wisconsin

John E. Harris, Ph.D., M.D.
Minneapolis, Minnesota

Thomas C. Hasbrook
Indianapolis, Indiana

John W. Henderson, M.D.
Ann Arbor, Michigan

Margaret Henry, M.D.
San Francisco, California

Gavin S. Herbert, Jr.
Irvine, California

C. H. Holladay, Jr.
San Marino, California

Richard E. Hoover, M.D.
Baltimore, Maryland

Henry H. Hunter
Stamford, Connecticut

*Harry J. Johnson, M.D.
New York, New York

Robert M. Keasler
Fort Worth, Texas

Robert S. L. Kinder, M.D.
Providence, Rhode Island

Neil L. King
Denver, Colorado

*Francis A. L'Esperance, Jr., M.D.
New York, New York

*Lawrence B. Lewis
Summit, New Jersey

*Member, NSPB Executive Committee



PREVENT BLINDNESS.

James S. Liggett
Columbus, Ohio

*Jetson E. Lincoln
New York, New York

Mrs. James P. Luton
Oklahoma City, Oklahoma

John C. Mangan
New York, New York

A. Edward Maumenee, M.D.
Baltimore, Maryland

Lloyd McBride
Pittsburgh, Pennsylvania

Mrs. Everett McDonnell
Atlanta, Georgia

*Joseph E. McGuire
Worcester, Massachusetts

Thomas L. McLane
New York, New York

*Edward McSweeney
New York, New York

Thomas A. Melfe
New York, New York

R. E. Milkey
New York, New York

James L. Neff
New York, New York

William P. Norris
Red Oak, Iowa

Jansen Noyes, Jr.
Darien, Connecticut

Arnall Patz, M.D.
Baltimore, Maryland

Katherine Graham Peden
Louisville, Kentucky

Steven M. Podos, M.D.
New York, New York

Frank Quinones
Santurce, Puerto Rico

John M. Reid
New Canaan, Connecticut

Robert D. Reinecke, M.D.
Albany, New York

P. James Roosevelt
Oyster Bay, New York

Henry M. Sadler
Norfolk, Virginia

Mrs. Archie H. Samuels
New York, New York

James Sargent
Lincoln, Nebraska

Harold G. Scheie, M.D.
Philadelphia, Pennsylvania

David Shoch, M.D.
Chicago, Illinois

Mrs. Mary Singletary
Newark, New Jersey

Hugh A. Smith
Seattle, Washington

Mrs. Barbara M. Smullyan
New York, New York

Daniel Snyderacker, M.D.
Chicago, Illinois

Elizabeth C. Stobo, R.N., Ed.D.
Columbia, South Carolina

Bradley R. Straatsma, M.D.
Los Angeles, California

Kim Y. Taylor, M.D.
Salt Lake City, Utah

Mrs. Roger L. Yaseen
New York, New York

ADVISORY COMMITTEE CHAIRMAN

Committee on Basic
and Clinical Research:
Frank W. Newell, M.D.

Committee on Eye Health
of Children:
Elinor F. Downs, M.D.

Committee on Glaucoma:
Samuel Dace McPherson, Jr., M.D.

Committee on Industrial
Eye Health and Safety:
Aldo Osti

Nursing Advisory Committee:
Elizabeth C. Stobo, R.N., Ed.D.

Ad Hoc Committee on
Ophthalmia Neonatorum:
Franklin M. Foote, M.D.

Ad Hoc Committee on
Retrolental Fibroplasia:
V. Everett Kinsey, Ph.D.

EXECUTIVE STAFF

Executive Director
Virginia S. Boyce

Assistant Corporate Secretary:
Margaret S. Banks

Controller:
C. William Wannen

Director of Public Relations:
Lydia Maguire

Director of Financial Development:
Edward M. Donahue

Director of Industrial Service:
James E. O'Neil

Director of Affiliate Operations:
John L. Wallace

Director of Operational Research:
Elizabeth M. Hatfield

Editor-in-Chief,
Sight-Saving Review:
Joseph J. Kerstein

WE ARE DEPENDING UPON YOU

The National Society for the Prevention of Blindness depends on public support for each and every one of its services, every day of the year. The Society relies on financial contributions from foundations, corporations and individuals.

The Society needs gifts, grants and bequests...for screening and public education projects...to add to its information, teaching and communication materials...to broaden its services to health professionals via films, publications, seminars and workshops ...to back promising eye care and vision research projects...

To support its eye safety programs ...to test promising new materials, programs or techniques related to better eye care for more people...to strengthen and expand its entire sight-saving program, to reach more of the people known to be in need of services and to reach special population groups known to be at risk for specific eye diseases or disorders.

The Society is an independent, voluntary health organization, receiving no government funding. The Society is a non-profit agency, and all contributions qualify for tax deductions in accordance with federal and state tax laws.

Half of all blindness is preventable — but it takes money, too.

AN ENDURING REMEMBRANCE

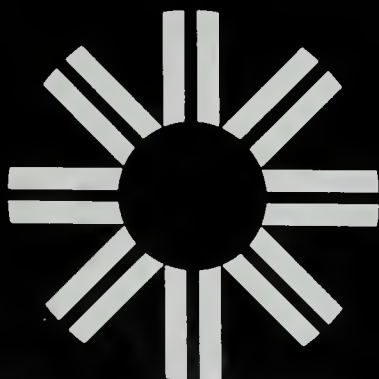
Bequests of all sizes have helped to make possible the sight-saving activities of the National Society for the Prevention of Blindness since its establishment in 1908. The Society's record of careful management insures the enduring usefulness of funds entrusted to its care. You can assure the Society of continuing financial support by using the following bequest form:

I give and bequeath to the National Society for the Prevention of Blindness, Inc., a corporation organized under the laws of the State of New York, the sum of \$ for its corporate purposes.

Like all other gifts to the Society, bequests by will of money, securities, a house, other real or personal property, the residue of an estate, or any part of it are of course tax deductible. Before a donor makes a gift of substance he should consult his lawyer. You may also write to the Society.

National Society
for the Prevention
of Blindness, Inc.

79 MADISON AVENUE, NEW YORK, NY 10016



PREVENT BLINDNESS®